

4195

113

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO.

1. PLACE OF DEATH

COUNTY GrahamSTATE ARIZONAREGISTERED NO. 3TOWNSHIP Safford,OR VILLAGE Tripp Canyon Pima, ORCITY Safford,NO. Tripp Camp Hosp #2.ST. WARD

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE

IN CITY OR TOWN WHERE DEATH OCCURRED YRS. 7 MOS. DS. HOW LONG IN STATE IF OF FOREIGN BIRTH? YRS. MOS. DS. 2. FULL NAME Fred HerrackHOW LONG IN STATE WHEN DEATH OCCURRED? YRS. 6 MOS. DS. (A) RESIDENCE: NO. Tripp Canyon #2, Pima,WARD (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WID-

OWED, OR DIVORCED, (WRITE THE WORD) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-24-1864

7. AGE

YEARS 71MONTHS 3DAYS 12IF LESS THAN 1 DAY, HRS. OR MIN.

OCCUPATION

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.

Painter

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

Ill.

FATHER

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

Unknown

17. INFORMANT (ADDRESS)

J. D. Peterson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Tripp Canyon DATE I-7- 19 36

19. EMBALMER

LICENSE NO.

FUNERAL DIRECTOR

ADDRESS J. D. Peterson

20. FILED

Jan 9, 1936REGISTRAR J. D. Peterson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-6- 19 3622. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM I2---- 19 36 TO Jan-5- 19 36I LAST SAW HIM ALIVE ON Jan-5- 19 36 DEATH IS SAIDTO HAVE OCCURRED ON THE DATE STATED ABOVE, AT I2:20 A.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

DATE OF ONSET

Lobar Pneumonia.12/18/36

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION

DATE OF

WHAT TEST

CONFIRMED DIAGNOSIS ClinicalWAS THERE AN AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY 19

WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE MANNER OF INJURY NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?

IF SO, SPECIFY (SIGNED) J. D. Peterson M. D.(ADDRESS) Safford, Arizona

10M-11-22-34-REP-GAZ PRINTER-FORM 5

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.